



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/658,530 Confirmation No. N/A  
Applicant : K. IWAMITSU et al  
Filed : September 10, 2003  
Title : STORAGE SYSTEM AND A METHOD FOR DIAGNOSING  
FAILURE OF THE STORAGE SYSTEM  
TC/AU : TBD  
Examiner : TBD  
Docket No. : 500.43115X00  
Customer No.: 24956

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PRELIMINARY AMENDMENT**

Sir:

Prior to examination, please amend the above-identified application as follows.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Amendments to the Drawings** begin on page 13 of this paper and include both an attached replacement sheet and an annotated sheet showing changes. The drawings are attached following page 14 of this paper.

**Remarks** begin on page 14 of this paper.

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PATENT

Case Docket No. 500.43115X00

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In RE application of K. IWAMITSU et al  
Serial No.: 10/658,530

Group Art Unit:

Filed: September 10, 2003

Examiner:

For: STORAGE SYSTEM AND A METHOD FOR DIAGNOSING FAILURE OF THE  
STORAGE SYSTEM

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total	21	Minus	1	= 20
Indep.	6	Minus	3	= 3
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 360
x 84	\$ 252
+ 280	\$ 0
Total	\$ 612

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.  
 \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.  
 \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.  
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.
- ☒ A check in the amount of \$ 650.00 is attached in payment of:  
**Credit Card Payment Form - 3 indep & 1 add. claims**
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Attorney for Applicant(s)

Date: March 4, 2005